



**Clinical HIV/AIDS Services Strengthening
(CHASS) Project in Niassa Province**

Agreement No. 656-A-00-10-00-113

FY2013 3rd Year of the Project

2th Quarter Report

Period of reporting: January – March 2013

March, 2013

- 1. Project Duration:** 5 years
- 2. Starting Date:** August 2010 – July 2015
- 3. Life of project funding:** \$35,538,475
- 4. Geographic Focus:** Niassa province, Mozambique

5. Project Objectives

The USAID/Mozambique Clinical HIV/AIDS Services Strengthening Project (CHASS) is a five-year project (August 2010 - July 2015) supporting the expansion of HIV/AIDS prevention, care and support activities and capacity building in Niassa, Mozambique. The project supports USAID's Strategic Objective 9 (SO 9) "to improve health in vulnerable populations in Mozambique," and more specifically contributes to Intermediate Result (IR) 7.3, "Improved use of proven interventions to prevent major infectious diseases." CHASS/Niassa is implemented by Family Health International (FHI 360) in partnership with Abt Associates and Food for the Hungry (FH).

CHASS's goal is to strengthen the provincial health system and enhance DPS capacity to manage its own health systems and finances, increase human resources for health, improve quality and use of strategic information, strengthen local organizations and align with national priorities and plans. The project's objectives are to:

- (1) Increase access, quality and use of HIV care and treatment services to rural communities by intervention in seven areas: CT, laboratory services, PMTCT, adult care and treatment, pediatric care and treatment, palliative care, and prevention, diagnosis and treatment of HIV-TB co-infection;
- (2) Provide a continuum of accessible HIV and related primary health care services including MCH and RH services (including support at clinics that do not provide ART or PMTCT) and to improve linkages and referrals within and between facilities and communities;
- (3) Support stronger and more sustainable Mozambican systems and institutions through emphasis on strengthening government and community capacity to deliver and manage services at the district level with an explicit plan to handover project activities to Mozambican authorities and to assist the DPS in the development of robust systems of monitoring and evaluation for HIV-related programs that can be adapted for use across the health field

The project emphasizes on supporting a health care system that delivers and sustains quality services to meet the needs of patients and maximizes clinical outcomes. This change has been fueled by the growth of outpatient services, the need to support services delivered in an integrated environment to ensure high-quality care health improvement and equity as key to a sustainable health care system. This integrated approach will enable the public sector PHC system to test more patients for HIV, place more patients on ART more quickly and efficiently, reduce loss-to-follow-up, and achieve greater geographic HIV care coverage.

6. Summary of the reporting period

In partnership with the MISAU/DPS, Abt, Food for the Hungry and four local non-governmental organizations (MULEIDE, Christian Council, ARV and CISLAMO), the CHASS Niassa project works at all levels of the healthcare system in Niassa to build capacity for the full range of comprehensive HIV services. The project supports:

- Prevention of mother-to-child transmission (PMTCT) of HIV
- Pediatric and adult HIV care and treatment
- Integrated PMTCT in health facilities that provide healthcare for women and children, including malaria prevention.
- Integration of cost cutting interventions such as nutrition, gender equity including GBV, quality improvement and humanization of service delivery.
- Integrated TB/HIV services in selected health facilities.
- Palliative care for opportunistic infections.
- Training programs for all cadres of healthcare providers.
- Training programs for mid and low levels medical technicians (Physician Assistants) to deliver HIV care and treatment.
- Infrastructure development, as well as laboratory and facility renovations.
- Clinical mentoring and tutoring.
- Peer educator programs (CCM, M2M, Male support groups) to promote HIV testing, treatment adherence, and positive prevention.
- Enhanced linkages between HIV/AIDS services and community-based organizations.
- Technical support to the DPS/Niassa and participation in Ministry of Health central level TWG.

Technical Assistance continues to be the main implementation methodology of the CHASS Niassa project. Methods of technical assistance include continuing trainings, in- service training, mentoring, leading clinical seminars, pre-service trainings and joint technical support visits (TSV). During this quarter the CHASS clinical team continues the provision of technical support in the 33 supported ART sites, 16TB/HIV sites and 65 PMTCT sites.

CHASS project is supporting the MOH and DPS in the implementing of the acceleration plan in the Niassa province. This plan consists on i) expand the ART services in Niassa province from the actual 30 to 50 health facilities by 2015, ii) to eliminate the mother-to-child HIV transmission, iii) increase the patients in ART retention by 80%.

By now Niassa have done some progresses such as: creation of the provincial technical working group (TWG), Presentation of the plan to the districts, Install the provincial management committee to make the regular and systematic follow-up of the plan, selected all the 50 health

centers to be included in the expansion plan, finalize the initial training of the mid-level MCH nurses in Lichinga and Mid-level pharmacist in Nampula, training of 30 MCH nurses including the training on HIV quality of testing to be allocated on the PMTCT expansion sites, training in PCR collection and ARV's/HIV tests management, Expansion of PCR collection to 19 new sites.

CHASS Niassa as the main clinical partners is well involved in all projects steps, most of the achievements previous reported are done through the sub agreement with DPS.

Community Counseling and testing continues to grow this quarter. The local organization implementing this strategy, ARV, in coordination with the Lichinga SDSMAS increased the number of their HIV tests kits monthly consumptions. As result, ARV reaches 1.222 individual in counseling and testing, performing 102% of their quarterly target. From the tested, 177 are positive, around 14% of the tested. The entire HIV positives individuals were referred to the health facilities.

Main activities and achievements during the reporting period

Objective 1: Improve the accessibility of high-quality HIV services by strengthening clinical service delivery in six key areas and their utilization through increased retention and demand by clients.

Key Accomplishments this Quarter

- CHASS Niassa is currently serving approximately 16,243 HIV positive patients receiving a minimum of one clinical service.
- A total of 859 new individuals were enrolled contributing to a total of 8,473 people that are currently on TARV.
- A total of 18,470 individuals were tested for HIV in 65 project supported sites during the reporting period.
- A total of 14,087 women were assisted in an ANC clinic supported by CHASS Niassa. In addition, 12,908 women were seen in a Labor and Delivery setting supported by CHASS Niassa.
- A total of 10,897 pregnant women in ANC and 6,700 pregnant women in L&D were tested for HIV or entered knowing their status. Of these women 299() in ANC and 721() in L&D were found to be HIV positive.
- 62 Active Community Adherence Support Groups (GAAC) were formed in three districts to a total of 253 members strong.

Adult Care and Treatment Technical Support

During this period of implementation, CHASS Niassa supported 65 ART sites with 8,473 individuals currently on treatment at the end of the quarter. During this period CHASS enrolled a total of 859 people into ART reaching 39% of the annual target. The clinical CHASS team conducted their regular TSVs to all ART sites. In total, 48 visits were conducted representing 60% of the plan. These TSV were mainly to provide mentorship to the clinical staff in the ART and Pre ART norms and guidelines. In general the clinical staff shows progress in their understanding and accomplishment of the norms in guidelines for ART and Pre ART. In the recently ART expansion health facilities, recently trained clinical staff and placed there, has shown difficulties in following guidelines for patients inclusion in pediatric and adult ART including the LAB follow-up of the patients. As result of this finding these health centers are receiving more TSV from the CHASS project staff and direct follow-up.

The referral and counter referral from one sector to another within the health facility continues to be promoted by the clinical CHASS staff. This quarter the staff reviewed the registration tools, and continued the follow up. The team is planning an assessment of the services for the next quarter.

As part of the introduction of the FILAS in the Pharmacy, the CHASS N project is no longer using the "*ficheiros moveis*" in the ART services; the clinical team is training the community case managers (CCM) in the implementation of the FILAS. The "*ficheiros moveis*" is still in use in Pre ART and PMTCT services.

The project continued to sensitize the MoH clinical staff to include a continuous counseling process, which is crucial to ensure patients understanding of the importance of a strict adherence to the medication and healthier life style choices including nutritional sensitization on balanced diet basedwith locally available food. In other hand, the project is planning a training to CCM on psychosocial support interventions in all ART sites.

CHASS Niassa project is supporting the HIV/AIDS Acceleration Plan in Niassa province. During the reported period, the project trained the first cadre of health staff in ART and IO treatment. The training took place in Cuamba district, from February 18 to March 8, targeting low level health staff (15 *Agentes de medicina* and 1 *enfermeira geral*). This is task shifting activity. Thetrained staff has started the management and prescription of ART and OI treatment in their health facilities. This is helping to ease the burden of trained clinicians, and save patients time. Next training will take place in April targeting 16 health staff.

The trained staff is contributing in the expansion of ART in Lúrio and Etatara, Meripo (Cuamba district), Nhassanhenge and Macalodge (Sanga district). In Maniambahealth facility, (Lago district), the ART was reactivated.

CHASS Niassa project have provided the technical support to DPS in the CliniQual 4th round measurement, and an assessment meeting of the results is being prepared as well as the 5th CliniQual round assessment .DPS with the support of the CHASS Niassa is preparing a meeting to discuss the results of this assessment and prepare the.

Pre-ART Care and Treatment Technical Support

Pre-ART patients continue to face substantial resource, social, and geographical challenges to their ability to maintain continuous connectivity with the health care system. In Niassa, all ART health facilities supported by CHASS N project are implementing the *ficheiros moveis* to make the follow-up of the patients in Pre-ART. For the ART patients as the MoH introduced the new registration tools including the FILAS placed in the pharmacy and is discontinuing the *ficheiros moveis*. As that the health staff is ignoring at all the *ficheiros moveis* for the lost to follow up in the Pre ART. In order to correct this behave, the CHASS Niassa staff is providing TSV and is motivating them to keep using the *ficheiros moveis* to track the defaulders and provide the names to the community case managers.

On the same issue, the staff continues to review the patients Pre ART registers, Lab revision of the registration books to monitor the CD4, and clinical folders to ensure that all patients are starting the ART accordingly. The CHASS N project staff realized and highlight a reduction on the number of patients with criteria's to start ART which are not included in the process., This is in part a result of the revision done in the routine of the CHASS N technical staff duringtheir TSV., Health staff are also more aware in the use of the new log books.

Pediatric Care Treatment Technical Support

The CHASS project continued to provide technical support to the DPS in the provision of routine care services to HIV exposed and HIV-infected infants to ensure that all children HIV positive are followed according to the new ART criteria's. During this quarter the CCR expanded for all the 20 new supported sites and the CCR log books were installed in all health facilities, the MCH nurses are receiving on the job training in the collection of PCR. Although there is still some cases of notified children from the CCR to the ART services, during the STV the team realized that all the children who arrived at the health facility started ART.

Improving Adherence to Treatment and Retention in Care

Some common reasons for failing to stick to ARV regimens include: side-effects; insufficient food; long distances and high transport costs to and from drug collection points; forgetting to take them; stigma and fear of disclosure of one's status and spending time away from home. Adherence is crucial to preventing the huge expense of putting patients on second- and third-line HIV treatment. LTFU identification is happening in many sites, but defaulter identification can be challenging for both children and adults. There is a very weak system for monitoring deaths, and transfers.

CCM received mobile phones aiming to implement a cell phone-based patient follow-up system to support patients in care and treatment. CCM usually refers individuals from community to health center and anticipate to CCM based at the health center about that. Mobile phones are used to ask for logistic support for the community meetings and even in some time, after they send the data the cell phones are used to correct the information, deeper explanation of the information and data, and adjust the report information in both sides. In other the mobile phones are being used to send text messages to remind patients of their appointments or to take their medicines and to report health issues.

TB/HIV “One Stop Shop” Model and Universal Access

During this period the project in collaboration with the DPS and Hi Tech, provided training in ART and OI to 7 *agentes de medicina*, which are commonly TB district supervisors. This will improve the *one stop shop* model and the *universal access* strategy. The advantages to TB/HIV integration in that it improves detection of both TB and HIV and treatment outcomes, decreases morbidity and mortality from TB and HIV, reduces the burden of both diseases in the community and makes delivery of these (usually separate) health services more efficient and reduce health staff burden.

In addition, the most experienced technical staff received one week training in clinical tutorial to provide mentorship and coaching for the recently trained and ensure the correct and effective implementation of the strategy. In the next quarter the project will ensure that all TB/HIV co-infected patients are in appropriated treatment services.



Fig. TB Community demonstration, on the TB world day In Mitande.

In Collaboration with TB Care, a joint supervision visit with the MoH Provincial medico chief and the provincial TB supervisor took place in Cuamba, Mecanhelas and Mandimba, to the Community CB DOTS local implementing partners; ADC, AMIREMO e ESTAMOS. In general the community volunteers are contributing in sensitization of the community people for TB prevention, to provide treatment support and referral to in patient service.

In March 24th, the TB world day, the provincial ceremony took place in Mandimba, Mitande community. Sensitization activities such as; drama, theater, local dances took place, and the government and health officer’s representatives had an opportunity in t their speeches to appeal for more TB prevention and reference for suspects to health facilities.

Picture 1.

Injection Safety/Infection Control/Biosafety

The project team continues to provide technical support to the MoH Staff in Injection Safety/Infection Control and Biosafety. This quarter the project trained the recently nominated provincial Infections Control Program (ICP) supervisor in the ICP measurements tools. The measurement process is expected to take place next quarter.

Prevention of Mother to Children Transmission and Counseling and Testing Services (PMTCT and CT)

HIV Counseling and Testing (CT) Technical Support

During this reporting period, the project staff conducted TSV in 55 health facilities with PMTCT services; in some visits the DPS staff accompanied the visit in Mavago, Muembe, Maua, Nipepe, Mandimba sede, Massangulo, Ngauma, Lúrio, Cidade de Lichinga e Lago health centers. In 45 health centers the TSV were done with the SDSMAS staff; on the job training to the recently hired health staff on blood testing quantity measurement, type and quantification of the reagents, and quantification of the reading time of the testing, the correct reading of the results, the testing and reagents safe keeping and post testing counseling including positive prevention. On other side the team provided the CT registration books for the out patients service, reviewed registers in the log books and verified the HIV test kits in the pharmacy as well as its expiration date on it as a measure to help in prioritizing the use of tests close to expire.

The project staff is supporting and reinforcing the work on the several catchment areas of the CT, such as Laboratory, Outpatients Services, Nurseries, Youth and Adolescents Friendly Services, MCH services, TB.



Picture XX. Patient in CT in Chimbonila.

Couples counseling and testing in the health centers during the first ante natal care (ANC) is a systematic activity in the project, this quarter this intervention were expanded for the 20 new health facilities reached by the project in this fiscal year. In order to increase the number of couples counseled and tested in the ANC, CHASS N project is implementing the following strategies: i) invitation of the male couple to receive one treated bed net and the health staff explanation on the correct use of it; ii) sensitization of the women's to bring their husband in the next ANC consultation; iii) use of the community volunteers on sensitization of the communities on the importance of couples CT. The main challenges faced on this are related with the lack of services to provide for men. At this point the project is only providing the HIV counseling and testing.

Community HIV Counseling and Testing (COHCT) is an approach that utilizes existing community competencies in dealing with HIV/AIDS in general, and HIV counseling and testing in particular. This quarter, CHASS N expanded the COHCT to Mandimba, Lago and Mecanheles district. This 3 added to Lichinga city which stated last year with the COHCT. The COHCT is implemented by local NGO's namely Associação Renascer a Vida (ARV) in Lichinga in Lichinga and CISLAMO (Conselho Islâmico de Moçambique) in Mandimba, Lago and Mecanheles districts. This quarter, 18 CCM and 3 supervisors were trained in community counseling and testing.

For this quarter the COHCT, reached 1.222 individual in counseling and testing which represent 102% of their quarterly target. From the tested, 177 individuals were positive, meaning 14% of all COHCT tested. All HIV positives individuals were referred to the health facilities, and 96% of them reached the health facilities and received the follow up on services. This represents a good trend and the project recommend the practice to be strengthened. (Seer the table attached).

Table 1: Community HCT results from January to March 2013

The community-based model has offered a great potential to identify infections earlier in their course than facility-based testing. Earlier identification makes possible earlier treatment, which in turn yields better treatment and prevention outcomes, and reach people and places not previously served.

Prevention of Mother-to-Child Transmission (PMTCT)

During this reporting period, the project staff conducted TSV in 55 health facilities with PMTCT services; in some visits the DPS staff accompanied the visit in Mavago, Muembe, Maua, Nipepe,

Mandimba sede, Massangulo, Ngauma, Lúrio, Cidade de Lichinga e Lago health centers. The CHASS N PMTCT technical staff in collaboration with the DPS technical staff at provincial and district level some of the activities performed include: on the job training on filling of the registration books, PCR (Protein Chain Risk), CRC (Child at Risk Consultation), reports and monthly summary design, review of the books filling quality, mentoring of the health staff and provide the on time support as needed, coaching of the MCH nurses on the importance of the PMTCT prophylaxis for the mother and their babies, and the importance of the maternal breastfeeding. In this area the team is

In other to improve the CCR services the PMTCT CHASS N team is continuously sensitizing the MCH nurses to ensure that they are giving their medication and proper registration is done in the respective log book.

The M2M groups are still working. Actually 11 M2M groups are implementing the project activities. The groups continues to do the culinary demonstrations at health facility, support in the active search of woman's and children's loss to follow up for ART and CCR.

In January 29 to February 2, took place in Lichinga a provincial PMTCT, the objective of the meeting was to review and discuss the accomplishment of the 2012 goals. The meeting was led by the provincial health director with the support of the provincial chief medico with the participation of the district chief medico, district MCH nurses, the Lichinga provincial hospital director, and the Cuamba rural hospital director and Marrupa district hospital director. In general were realized that the province has shown improvements in the provision and coverage of the MCH services;

Laboratory and Pharmacy Technical Support

Laboratory Technical Support

In the reporting period the Laboratory team provided a TSV to Metangula, Mavago, Massangulo, Ngauma, Mandimba, Mitande, Sanga e Chimbunila health centers, in those the team worked on the local diary hematology control, to ensure that the staffs are doing the diary blood control, Ensure that the Lab staff is doing a monthly enumeration of the routine analyses done at laboratory using the registration log book at entrance, general follow up on the Lab good practices, orientation and coaching the 6's (Senso de utilização, senso de organização/arrumação,

senso de limpeza, senso de saúde e higiene, senso de auto-disciplina, senso sustentabilidade), refreshment training regarding the HIV testing algorithm to the clinical staff placed on PMTCT and youth friendly services.

During the STV the team visited the MCH nurses to follow up on the HIV testing and PCR collection procedures. Commonly the team provided on-the-job-training to the new lab technical officer on the *hematology KX21 machine*, in Mandimba health center and the training on the PCR collection and transportation to 5 technical staff, in Mitande health center.

The Lichinga provincial Hospital laboratory is implementing the FOGELA¹, this quarter the team elaborated some tools like; the temperature control maps, Lab consumable's requisition books, Lab stock control form, and reception protocols to track the time of the samples control. To ensure the accomplishment of the Lab international standards, the Lab is using the WHO Lab check list, by this quarter the dates are not available. Finally the team was designed and started the quality improvement project to improve the Lab response time on the LT CD4 count.

18 DPS Lab managers from all the Niassa districts were trained in the management, registers and the piloting of those new Laboratory registration and results books. The training was facilitated by MoH with strong participation of the Lab CHASS technical team. The trained staff has the mission to replicate this training to other Laboratory staff in the whole province.

The XpertTM *MTB/RIF* tests were recommended by World Health Organization (WHO) in December 2010. This tests have been decentralized for the peripheral health centers, as there is no need for a a bio molecular laboratory on its use., Thus, in September 2012 it has been installed in Cuamba rural hospital. From there up to date 34 samples were processed, from which 16 tested negative, 7 were not valid, and 1 doesn't run. 3 were highly positive, 2 median, 2 lower and 3 lowest. The challenges in the use of these tests as to do with electricity instability and actually the machine is broken.

Pharmacy Technical Support

During this quarter the Pharmacy technical officer accompanied the auditor's visits from CMAM (national drugs warehouse) to Niassa province. The audit visit took place in the provincial warehouse, some districts warehouses, such as Lago and Sanga, the Lichinga Provincial Hospital, and the 7 de Setembro Pharmacies. The audits were leaded by Dra Marilene Madivadua from CMAM and Dra Denilson Namburete from DELLOIDE, the independent audit company.

¹ Strengthening the laboratory management accreditation process.

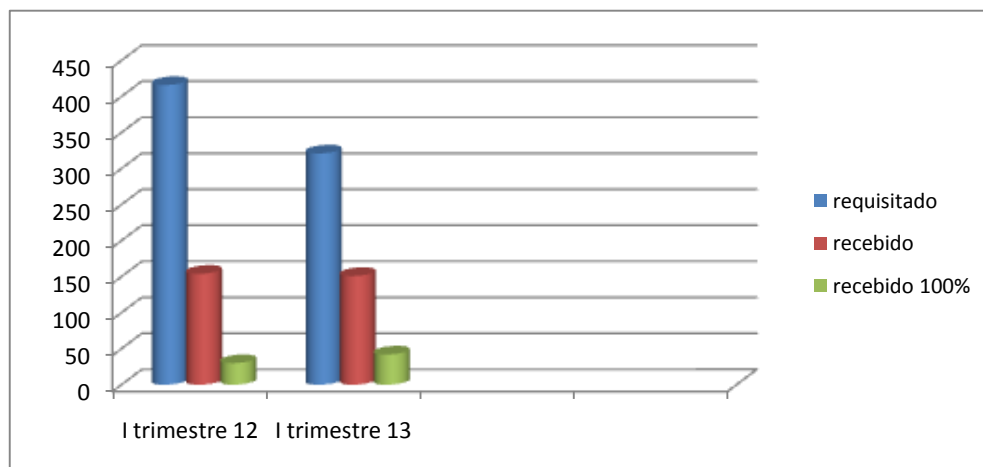
In general, the audits findings were positive in the provincial warehouse, Lichinga provincial Hospital and Sanga distrital warehouse. Some of the findings that need an urgent intervention includes: Some drugs were supplied form the provincial to the district warehouse but were not registered in the CMAM. In other warehouse such as: lack of space, difficulties in the archives, challenges to fill the *filas and MMIA*, frequent stock outs as a result of bad estimates of the needs. The auditors recommended i) to the provincial warehouse manager to perform regular TSV to the districts and the districts to the peripheral health centers to make the follow up of these visits and recommendations. ii) As Niassa received new poll of recently trained mid-level pharmacists. iii) All the districts warehouse must implement the SIMAM.

From March 25-28, took place a National pharmaceutical logistic meeting in Chidenguele village, Gaza province. In the meeting participants from Niassa the provincial medico chief, the provincial warehouse manager and the CHASS Niassa pharmacy technical officer. All the expenses of this meeting were covered at national level by USAID. The summary of the meeting that: the Word Bank will continue to supply fuel to the provinces in order to support the drugs distribution system in the health system network. The strategy plan for the pharmacy logistic services were approved and will start the implementation and the proposal to provide incentives based in performance, using some of the drugs management indicators like timely provision of MMIA, correct filling of MMIA, % of drugs availability, among others.

One of the issues hating the health system is related with the lack of qualified staff to respond to the drugs management needs. During the reporting period, Niassa province received 23 new mid-level pharmacy technical staff. Those staff will be placed in places not served or with staff with consistent poor performance, like Maua, Lago, Lichinga district warehouse, 7 de Setembro pharmacy in Sanga and others. All will be trained in the drugs management's procedures.

Regarding the drugs stock, from the requisition sent to CMAM, only 49,6% were provided, of the total of 300 products requested, out of these only 13% were provided in the requested quantities. This is an improvement compared with the last quarter, as per the grafic N° 1 below.

Graphic N° 1 *Grau de satisfação da requisição enviada a CMAM*



In this period the provincial warehouse had enough ART, and HIV test kits, although there are some health center with stock outs of test kits. Most of the health centers are reporting stock out of antimaláricos (Sulfadoxine + Pirimetamine 525 mg Comp e Quinina in tablets) ad syphilis tests which is in stock since last year. There is a continue process to provide all the drugs in stock for all health facilities.

Nutrition, access to food and utilization

During the quarter the project staff contributed to improve access to food as well as encourage appropriate utilization of foods at the individual, household and community levels. In total 1847 beneficiaries were followed in the cooking demonstration activities and nutrition education in Lichinga City, Lichinga, Lago, Mecanhelas, Muembe and Ngaúma Districts.

In the clinical sites, from a total of 6.685 children who have done nutritional screening on the Consultation of healthy child, mobile brigade and Community health activists: 3% (233/6685) had accurate severe malnutrition; 28% (1885/6685) with accurate moderate malnutrition. Children with DAG² were 98% (228/233) who were referred to the TDI³. In Lichinga City and Cuamba districts 629 children were screened for nutrition at the Community level, by the Community Case Managers.

The project continues to follow-up on the printing of Job aids and tools for M & E from NRP vol. I in eight health facilities at district level not yet covered. It's expected to provide to all districts by the next quarter.

In collaboration with FANTA III project, the NRP QI/QA program is being implemented in 3 health facilities, namely Cuamba, Cidade de Lichinga and Muembe districts. Next quarter will be done a qualitative assessment of the fulfillment of the NPR books and conduct of malnourished patient's assessment. This will cover the period since the beginning of the implementation of the QI initiative until March.

The full implementation of PRN needs appropriate tools and equipment's such as; job aids, registration tools and adequate nutrition supplements, in response for that the project have contacted WFP and other partners to support on provision of CSB⁴ in the province. As per the information available, WFP and USAID agreement is in the final stages and will be scheduling a meeting with the clinical partners, government and WFP to coordinate the delivery of nutritional supplement (CSB+) at health units including the CHASS Niassa sites. The FHI360 will support the DPS in the fulfillment of the criteria for the distribution of CSB+ to patients in health facilities.

Gender equality and gender based Violence support activities

Gender-based violence (GBV) is increasingly recognized as a critical driver of the HIV epidemic in many settings and the incidence of HIV infection is growing at alarming rates among young

² Grave Accurate malnutrition's

³ We still have a gap because they are not all HC that send complete information and also we have to strengthen the feedback system, so that there is more control of who arrived or not at the health facility. Also the monthly summary of TDA do not provide collection HIV +. The output would be the direct collection in book PRN.

⁴ corn-soy blend

women in particular. Promoting gender equality is a major focus of the CHASS project. CHASS provides support to the DPS in training on gender mainstreaming in health, on gender sensitivity provision of technical support for mainstreaming gender across health programs, technical assistance in strengthening the health sector response to gender-based violence.

From January to March, 13 technical support visits were performed, during these TSV the team met with the local GBV focal point and the community case managers. Activities performed include mentorship for the health staff in GBV issues, reinforcement the referral and counter referral mechanisms including the involvement of community leaders, and follow-up on the implementation of the GBV, tools and registration log books.

In March 11 to 13, 30 clinical staffs and one from the GAMCVV⁵ were trained in the integrated protocol for the victim of violence, the training were based in the manual elaborated by the MoH and in partnership with JPHIEGO. This training is to provide tools to the clinical staff to provide an independent and integrated health services in the health facility entrance. This training was facilitated by JHPIEGHO and FHI360, with the support of the Dra Bainabo Sahal, a legal medicine specialist, Based in Nampula and responding to Nampula, Niassa and Cabo Delgado provinces.

Actually 49 health facilities are implementing GBV interventions including screening of the victims, HIV testing, references to other services, etc. To expand the pole of trained staff, the staff trained by JHPAIGO, provided on the job training on GBV to 20 health staff, their peer. In order to improve the data recording 240 GBV registration form were provided to the GBV focal points and the Community Case Managers in all the 8 districts targeted by this intervention. In total 75 GBV prevention pamphlets provided by WLSA and MULEIDE were distributed in the districts. In 14 GBV prevention Kits were distributed for all gender focal points in the districts.

The GBV technical staff meets with 6 local Civil Society Organizations in Chimbonila and Mandimba, the local organizations are implementing HIV and AIDs prevention projects, agriculture and microfinance. The GBV expected to improve the referral and counter referral network; community-health facility-community with these organizations.

An assessment in Gender-based Violence in the clinical setting took place in December. Results have been publicized and summarized in this report. (pag.)

⁵ Gabinete de apoio a Mulher e Criança vítima de violência

Objective 2: Create an integrated system of HIV/AIDS and primary health care with strong linkages to community services.

Collaboration and linkages with community programs,

Community Case Management

CHASS Niassa project and other FHI 360 projects implemented in overlapping districts continue to collaborate. This strengthens and yield positive results in improving the wellbeing of community members.

In February, 18 to 22 in Marrupa district, the CHASS Niassa project trained 28 new community case managers, managed by Conselho Cristão. In those 24 were placed in the 12 ART expansions health facilities. The other 4 are replacing the ones which give-up and deaths.

In order to strengthen the IEC sessions in the districts, CHASS Niassa project distributed 800 hand books, 160 information booklets to the CCM and health facilities. In order to conveniently track the referred and back referred individuals from community to health facility and vice versa, CHASS project community staffs have distributed 125 reference guides manuals to the community agent.

To strengthen the collaboration between the CHASS Niassa project community care managers and USAID Programas de Cuidados Comunitários and TB Care activists in Mandimba, Cuamba, Metarica, Massangulo, Mecanhelas and Entre Lagos at least held a monthly coordination meeting, these meetings took place on the reference Health Facility for each group and will be chaired by the HIV/AIDS focal point or Health Facility manager. In the other 11 districts without neither PCC nor TB care the meetings are held with the CHASS community case managers only.

During this period, Community Case managers conducted more than 6,387 sessions of IEC with the participation of 82,616 community members. In this period 3,363 home visits, benefiting 78,528 individuals.

Various culturally sensitive messages were communicated about prevention of HIV, Gender equity and balance, HCT, WASH, TB, Malaria, PMTCT, Nutrition especially breastfeeding, Family planning, IST and OI. To enhance the sensitization process a total of 298 carts, 342

pamphlets and 450 hand books and 10,366 condoms were distributed. This is performed by the 104 community case managers, working at health facilities and the community levels.

During this quarter, all 114 Community Case Managers (CCMs) from *Conselho Cristão de Moçambique* /CCM) and *Associação Renascer a Vida* (ARV) referred 1,785 individuals in the community to health facilities and 1,410 (79%) reached the health facility. Of those referred: 395 at MCH, 563 at HIV services (CT, IST, OI, ART and Pre ART), 154 TB sector, and 348 to adult and pediatric outpatient clinics. In those total of 1,410 individuals who reach the health facility, 468 males and 962 females completed the referral and received services at the health center.

GAAC (Community Adherence Support Group)

In the reporting period the GAACs continued to be implemented as a pilot project in Mandimba, Cuamba and Mecanhelas districts. In this period the project had planned to start the expansion process to other 4 districts as per the DPS PES 2013. This year, MoH decided to delay the expansion plan, and informed the CHASS project that the GAAC strategy is under revision at central level.

This quarter, 190 women's and 63 men, in total 243 were enrolled in the GAACs groups. Three new GAACs were created in the 3 pilot implementation districts. A total of 62 GAACs are active by this quarter, as in the table 3.

Although this strategy is continuously showing a positive trend, the challenges of having more men in the GAACs are still hunting the project as well as the low involvement of the clinical staff in the GAACs implementation process. The CHASS project is looking for ways to promote more involvement of men by: reinforcing the use of the CCM to sensitize the men at community level and during their appointment days, use the actual members of the GAACs to present their testimony and invite more HIV + individuals living in their neighborhood to be part of their groups, and finally involve more clinical teams to be part of the selection and counseling process.

Table 2: Results reached in implementation of the GAACs strategy from January to March 2013

Resumo Mensal de GAACs de: Mandimba, Cuamba e Mecanhelas até mês de Março de 2013										
			< 15 anos			15 anos ou mais		Total geral		
			F	M	Total	F	M		total	
GRUPO	A.1	Nº cumulativo de GAACs registados e activos <u>até o fim do trimestre anterior</u>						59		
	A.2	Nº de novos grupos formados <u>durante o trimestre</u>						3		
	A.3	Nº de grupos desintegrados <u>durante o trimestre</u>						0		
	A.4	Nº cumulativo de grupos activos até o fim do mês (A.3 = A.1 + A.2 - A.3)						62		
PACIENTE	Entradas	B.1	Nº cumulativo de entradas aos GAACs <u>até o fim do trimestre anterior</u>	3	0	3	177	48	225	222
		B.2	Nº mensal de novos pacientes inscritos nos GAACs <u>durante o trimestre</u>	0	0	0	16	5	21	21
		B.3	Nº trimestral de pacientes que retornaram aos GAACs <u>durante o trimestre</u>	0	0	0	0	0	0	0
		B.4	Nº cumulativo de entradas nos GAACs <u>até o fim do trimestre</u> (B.4= B.1 + B.2+B.3)	-3	0	-3	193	53	246	243
	Saídas	B.5	Nº de pacientes nos GAACs transferidos para outras US <u>durante o trimestre</u>	-3	0	-3	0	0	0	-3
		B.6	Nº de pacientes que desistiram ou foram retirados dos GAAC <u>durante o trimestre</u>	0	0	0	2	0	2	2
		B.7	Nº de óbitos nos GAAC <u>durante o trimestre</u>	0	0	0	1	0	1	1
		B.8	Nº de pacientes que foram suspensos dos GAACs <u>durante o trimestre</u>	0	0	0	0	0	0	0
		B.9	Nº de pacientes que saíram dos GAACs <u>durante o trimestre</u> (B.9= B.5 + B.6 + B.7 + B.8)	-3	0	-3	3	0	3	0
	Actual	B.10	Nº de pacientes activos nos GAACs <u>até o fim do Trimestre</u> (B.10 = B.4 - B.9)	0	0	0	190	53	243	243
	C.1)	Nº de consultas de seguimento registados no Livro de Registo GAAC <u>durante o trimestre</u>	2	0	2	107	63	170	172	

Quality improvement projects in reference and counters reference from community to health center and vice versa, will be expanded during this period to Mecanhelas, Cuamba, Lichinga City and Lago. Preparation meetings took place with the local teams. The team is providing the materials to the health centers. Etc.

Objective 3: Strengthen GRM/MOH capacity at the provincial and district levels to effectively manage high-quality, integrated HIV services by building management and financial capacity, reducing human resource constraints, and increasing the capacity to use data for program improvements.

Technical Support in the implementation of the DPS Policy Humanization of Health Services

Under the DPS support to implementation of humanization of health services strategy, technical support was given to the Provincial Committee of Humanization to develop its annual work plan.

Technical Support in the area of Administration and Finance, Human Resources, Planning and Cooperation

This quarter, technical support visits were undertaken to the SDSMAS of Majune, Marrupa and Muembe to provide TA in the areas of areas of Administration and Finance, Procurement and Human Resources management. This is to ensure that staffs are following MISAU policies and guidelines and to support health systems strengthening to improve health outcomes. Some of the areas were HSS CHASS technical staff supported include: ensure that financial ledgers updated through December 2012, financial archives are well organized, and documents archived in the office according to SNAE procedures and Facility staff skills enhanced. In collaboration with Administrative officer, prepared the earmarked revenue control maps; Improved local staff knowledge of administrative management and use of earmarked revenue.

Follow-up visits were performed to SDSMAS of Cuamba, Metarica and Cuamba Regional Hospital (CRH), for verification of compliance with the recommendations given in previous visits TA, having found that over 60% of the recommendations left in previous TA visits were fulfilled in SDSMAS Cuamba. Staff unavailability at CRH and Metarica prevented the team from verifying the level of compliance with previously provided recommendations.

Preparation process of the Performance Based Financing

The project initiated technical discussions on performance based financing activities. A presentation on the two models currently being implemented in Mozambique was made to CHASS-N senior staff and a work plan was defined. In the next quarter, it is anticipated that discussions will be initiated with the DPS on a potential model and preparatory activities launched.

Strengthening Human Resources for Health

Pre-service Training

CHASS- N is maintained support for two cohorts which commenced studies in July 2011. These are a pharmacy technician course (24 out of 35 students currently enrolled) and a basic nursing course (27 out of 35 currently enrolled).

In Service Training

CHASS-N supported creation of two district level training focal points (nucleo distrital de formação continua) in- Marrupa and Majune. This activity is related to the extension of SIFO in the province to facilitate monitoring of in service training activities.

Logistics

In the area of the Logistics support for HIV clinical services, support was provided to the DPS to assure transportation of CD4 samples, PCR, Biochemistry and Hematology bimonthly. IT equipment (16 desktop computers, 7 laptop computers, 19 printers, 1 photocopier) was acquired for the DPS registers and data recording forms were provided to CHASS-N supported facilities.

Overall Challenges

Staff turnover in Niassa is high. Niassa is a hard place to work and live. Most of the qualified technicians are not attracted to be placed in Niassa. Some even accept the offer but in short time after arriving and start working get new opportunities and leave the organization or in most case the province. Niassa become a door to get to the organization, or to gain some experience, skills and projection in the NGO's, this is challenging the project and is creating some discomfort and mistrust to the partners mainly the DPS. In another hand. Replacement of staff is not easy. Happily this quarter the organization has completed the hiring process of the clinical advisor to DPS who is supposed to start in April, but, there is still a vacancy for M&A and pharmacy advisors for DPS.

The Male involvement in PMCT is showing positive trend, nonetheless the health services is only providing counseling and testing for HIV. CHASS project and DPS are looking for other services to provide to them in order to motivate them to participate more and

Monitoring and Evaluation

During this quarter, the M&A sector in a continuous base developed activities aiming to improve the technical areas of the project and respond to need of the Health System at the provincial level, by identifying Key and realistic indicators, monitor and evaluate them so that they better guide the programs.

In this sense a M&A meeting was held in Lichinga in the presence of all CHASS N technical staff in order to assess the project performance, goals and constrains as well as devise strategies to overcome challenges. During the meeting the M&A team presented results of the project which were analyzed and discussed.

On the other hand, assistance was given to DPS/NEP on data collection as result of 04 supervision visits at provincial level as well as 09 TA visits done by each M&A officer in collaboration with DPS to the 63 health facilities and NED's, where they were provided with on job training on data collection tools in use at MOH as well as quality control procedures to verify data collection and data credibility. All routine data at DPS are at the moment being collected through *módulo básico* package and the same data are being used on the CHASS project M&A system.

M&A team in coordination with 16 districts NED representative, conducted a COHORT Analysis in order to respond to the Semi Annual Performance Report (SAPR). The analysis was more focused on survival groups during the periods of 12, 24, 36 and 48 months and data collection of indicators not included in *módulo básico*, but required by PEPFAR.

In March, a data quality audit (DQA) took place guided by the African regional FHI360 team, aiming to assess the level of June 2012 DQA accomplishment. In general, findings show an improvement on data quality as the margin of error was between 5%-8% of discrepancies which is admissible.

However, during the reported period, TSV were reduced due to lack of M&A staff based at Cuamba and the involvement of most of the officers in the Gender Based Violence Clinical Assessment that took place in 20 health facilities of the province.

Project Performance Indicators

Table 3: PMTCT ANC results of the period of January to March, 2013

PMTCT ANC	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
Number of health facilities providing MCH services that provide HIV testing and ARVs for PMTCT on site, ANC/ L&D settings	65	65	100%	65	100%
Number of unique pregnant women registered in ANC		16,032		14,087	
Number of pregnant women with known HIV status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	57271	13,872	24%	10,897	43%
Number of pregnant women with known HIV <u>positive</u> status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	864	780	90%	299	125%
Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission, total, by regimen, by setting (ANC)	1413	607	43%	266	62%
Number of partners of women who are HIV tested in ANC setting	11534	2,913	25%	1,824	41%
Number of HIV-positive pregnant women in ANC who have initiated CTX	520	418	80%	248	128%

This quarter, 14,087 pregnant women were registered in ANC setting. Of the total number of women registered this quarter, 77% were counseled and tested (or knew their status upon entry) of which, 2.7% tested HIV positive and 89% of the HIV positive women were provided with ART prophylaxis at an ANC service. The CHASS Niassa project has surpassed the entire ANC targets this year. The women's tested for HIV are low because of the stock out of the HIV test Kits during the quarter in most of the health centers.

Male involvement in PMTCT services continues. This quarter, 18% of male partners accompanied their pregnant partner to the ANC. Of 10,112 women in the first antenatal clinical (ANC), 1,824 invited male partners attended ANC with their respective partners and were counseled and tested for HIV. By now the project reached 41% of the annual target.

Table 4: PMTCT L&D results of the period of January to March, 2013

PMTCT L&D	Annual Target	Q1 Results	% Achieved -	Q2 Results	% Achieved - end
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			end Q1		Q2
Total number of unique pregnant women registered in L&D		11,303		12,908	
Number of pregnant women with known HIV status LD (includes women who were tested for HIV and received their results)	15,222	6,705	44%	6,700	88%
Number of pregnant women with known HIV positive status LD (includes women who were tested for HIV and received their results)		242		721	
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/ L&D setting.	778	280	36%	537	105%
Number of HIV-exposed infants who received ARVs to reduce risk of MTCT in L&D setting, (total/ by regimen)	880	375	43%	395	88%
Number of infants born to HIV-positive women who received an HIV test within 12 months of birth	699	384	55%	131	74%
Children (<18months) born to HIV+ pregnant women who are started on CTX prophylaxis within two months of birth	933	274	29%	171	48%

In the L&D settings, over 12,908 pre and post-partum women were registered. Of them, 6,700 (51.9%) either knew their HIV status upon entry or received HCT. To prevent HIV transmission from mother to children, 537 (74.4%) of HIV positive women agreed to take ARV as a prophylaxis. In total 73.5% of exposed children were also provided with ARVs to prevent the transmission of HIV, including 6 new born delivered outside the maternity (see figure 2 below).

Table 5: Counseling and Testing Service

COUNSELING & TESTING					
Number of service outlets providing counseling and testing according	65	65	100%	65	100%

to national and international standards					
Number of individuals who received counseling and testing for HIV and received their test results	103349	38,609	37%	18,470	55%
Number of individuals who received counseling and testing for HIV and whose results were HIV+		4,064		4,589	

This quarter a total of 18,470 individuals received CT of which 4,599 (24.5%) tested positive in all supported services outlets providing CT, as reported in figure 3 above.

Table 6: ART treatment services

HIV care and treatment					
Number of health facilities that offer ARV treatment clinical services	27	27	100%	27	100%
Number of HIV-positive adults and children receiving a minimum of one clinical service	19,412	7,484	39%	16,243	84%
Number of adults and children with advanced HIV infection newly enrolled on ART	4140	760	18%	859	39%
Number of adults and children with advanced HIV infection currently receiving ART, by sex, pregnant women	9706	7,017	72%	8,473	87%
Number of adults and children with advanced HIV infection who ever started ART, by sex, pregnant women	9,656	7484	78%	12,856	133%

From January to March a total of 859 patients were initiated on ART, reaching 39% of the annual target. Currently 8,473 individuals are on ART in Niassa province, as illustrated in Figure 4. CHASS project is contributing for this progressive increase on the ART enrollment and maintaining in treatment. This is contribution of the up dated registration tools, that's easily, contribute to the clinicians and community case managers to identify patients who need ART treatment and refer them accordingly. 16,234 HIV positive individual received at least one clinical service.

Tabela 7: TB/HIV Co-infection

TB/HIV SERVICES					
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Number of service outlets providing prophylaxis and or treatment for TB to HIV infected individuals (diagnosed or presumed.)	16	16	100%	16	100%
Number of TB patients registered during the reporting period	1169	298	25%	394	60%
Number of TB patients who had an HIV test result recorded in the TB register		163		529	
Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease	1165			123	11%
Number of HIV-infected TB patients in the TB sector who have initiated cotrimoxazole (CTX) prophylaxis	741	124	17%	103	30%
Number of HIV-positive TB patients who have started ART	540	98	18%	47	27%

Integration of TB diagnosis and treatment among HIV-positive patients is critical to help reduce the morbidity and mortality of patients with HIV. During the quarter, 394 TB patients were registered; of these, 123 (23%) were HIV/TB co-infected patients. Among the co-infected patients identified, 103 (84%) received CTX prophylaxis and 47 (38%) are on ART. The other half are not starting ART because of lack of trained staff working on the TB ward to manage ART, this will be solved when all the TB technicians receive the training to administrate the ARVs, and this training which is planned for next quarter.

7. Major Implementation Issues

- Weak infrastructures specifically in situations where the counseling, and privacy for the individuals and couples;
- Stock out of HIV and syphilis reagents, HIV testing Kits, Fancidar, Ferrous Salt at MCH nursery;

- Lack of trained staff and high staff rotation at MoH which is discontinue the trainings provided by the staff;
- Frequent Changes of the protocols and guidelines by MoH, which is creating constrain on the perception and use of those by the health staff at health centers.
- In order to accompany the expansion of the ART in all districts, there is a urgent need to expand the PCR SMS's printers and the PIMAS to some strategic health centers.
- The districts continue to face difficulties in logistics and suffer from a lack of equipment, such as lack of cabinets for archiving documents and computers and the skills in stock management are also weak.

8. Collaboration with other donor projects

CHASS Niassa project is looking for collaboration and linkages with all local organization. GBV is in collaboration with JHPAIGO to train 30 clinical staff in clinical GBV victims screening. In other, Niassa province is receiving some materials, like pamphlets and booklets from MULEIDE, WLSA and guidelines, algorithms from JPAIGHO.

Hi-Tech is another organization involved in the task shifting process, namely the training of the *agentes de medicina* in ART.

Coordination with PCC in the reference and counter reference, FANTA II project continues the collaboration in the implementation of the QI/QA project and finally the TB care project in the community DOTS component and support to improve the quality of the laboratories in Niassa.

9. Upcoming Plans

The CHASS Niassa project will continue to reinforce the provision of joint integrated technical assistance with health personnel from national, provincial and district levels with a focus on cultural governance and performance improvement results in Clinic-based Service-delivery System. As such, CHASS Niassa will:

- Continue the implementation of lab accreditation process (FONGELA) in Lichinga provincial hospital;
- Provide support on the use of the new Lab registration books;
- Strengthen the capacity of the DPS to plan, budget and report according to USG and GRM regulations and policies.
- Availability of standards and protocols of the MOH on nutritional care for PLHA and NRP for all Districts that are being printed in Maputo by FHI360.

- Follow up of recommendations from previous visits and do more in-service training if necessary.
- Advocate with the MOH for the purchase and timely availability of therapeutic milk for all Districts.
- Follow up the activities of the Project of Quality Improvement of nutritional rehabilitation program in Health Centers of Lichinga City, Muembe and Cuamba Rural Hospital.
- Advocate with DPS/DDSMA about the importance of counseling, education and nutritional assessment;
- Training in rational use of drugs and pharmaco-vigilance targeting all the pharmacists and district medical chief;
- Organize a provincial pharmacy annual meeting to all staff.
- Joint visit with the PCC technical staff to strengthen the social and clinical services linkages, and referral and counter referral collaboration with other services and project partners.
- Launch development of the provincial Human Resources for Health development plan;
- Support the expansion of SIFO through training of 10 operators and expansion of the system to Mandimba and Cuamba districts;
- Provide technical assistance to the financial management units of DPS-N and the Lichinga provincial hospital;

10. Success Stories and photos

Since the beginning of the implementation of CHASS N project, one of the main constrain to increase the number of people on ART was related to lack of results of CD4 tests which would better guide clinicians on deciding when and how to start with ART.

The fact that Niassa province has only two CD4 machines (in Cuamba district and Lichinga city) to cover all the 16 districts, created a great challenge to the process of having CD4 samples timely tested from Nipepe, Marrupa and Mavago districts, located at distances further than 600 km.

One of the solutions found to change the situation was to hire vehicles with a scheduled circulation. The process helped in minimizing the problem however, costs of having vehicles available and having the job professionally done were high, as targets were not timely met, rules of proper transportation and good conservation of samples were not followed and changes in samples were frequently reported, as result of the involvement of people not trained for the work.



In April, 2012, as a follow up of the CHASS N coordinating meeting decision, the use of CHASS N/ USAID project vehicles was implemented without interfering in the technical assistance process. The transportation process of CD4 samples is described as a success as for now all districts can be covered by the 7 routes previously established

The transportation of the CD4 and PCR is highlighted as a success story as it is helping the provincial health system in heaving more patients with ART eligibility timely proven, as well as more children with their sero status known. In past, with the hired vehicles strategy not all districts were covered leading in few people being included on ART. This strategy is also helping in reducing office costs with vehicles and fuel as well as loss or changing of CD4 and PCR results samples that used to happen before.



Laboratory officer at Cumba Rural Hospital

11. Evaluation/Assessment Update

Completed during the reporting period:	
Title or subject for study: Gender-based Violence Response in the clinical setting. An Assessment of the Clinical Response to Gender-based Violence in Niassa, Mozambique.	Date completed. November-December 2012
<p>The purpose of this Gender-Based Violence Response (GBVR) Initiative is to support comprehensive GBV response packages for survivors of violence at selected health facilities. Due to the increasing recognition of the relationship between gender issues, GBV and a range of adverse reproductive health including HIV outcomes, PEPFAR programs have taken significant steps toward integrating GBV response into HIV programs. Therefore, the sole objective of this data collection activity is to measure the level of attitudes and clinical practices of the clinical staff with regards to violence against women and girls in order to determine if there are improvements in how the clinical staff works with clients over time. This study will be carried out twice in those clinics participating in the GBVR clinical initiative, no was the first as the project started up and the second time will be at the end of the project.</p> <p>Summarizing the results we can see that there is a portion of respondents who personally believe that violence against women is sometimes warranted, only 71% of respondents disagreed with the statement that it is never alright for a man to beat his female partner. And furthermore, while everyone agreed that a woman has a right to not have sex not everyone agreed with all the possible reasons. This implies that there are situations when she may not want to have sex but these respondents feel that she should anyway, 25% felt that even if she does not want to have sex during her menstruation she should do so anyway. Alarming, 42% did not feel that she could refuse sex if she was afraid that she might contract HIV. These variables indicate that there is a need for personal growth in the area of gender relations among the staff in these clinics. At the same time, the overwhelming majority of respondents are very aware of what services to offer a woman who is suspected of being violated. Eighty percent received a nearly perfect score on the first vignette, 98% received a nearly perfect score on the second vignette, and 88% on the third. The results of the fourth vignette (the vignette that was not GBV) should be viewed as hyper vigilant results. The respondents seemed to be assuming that all the vignettes were based on GBV and so they responded according to an assumption rather than really listening to the questions.</p>	

Underway during the reporting period:	
Title or subject for study 1:	Date to be completed:

Planned:	
Title or subject for study 2:	Dates planned: